

STANDARD APPLICATION FOR POSITION OF PEACE OFFICER IN THE STATE OF MONTANA

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any application for employment in violation of state or federal law.

INSTRUCTIONS:

Please complete this application by typing or printing in ink. An application tailored to the position is to your advantage.

Section 12 of this form may be used to continue or explain answers or to provide other information relative to your qualifications or availability.

LATE, INCOMPLETE, or UNSIGNED applications will NOT be considered.

This agency is committed to make reasonable accommodation to any known disability that may interfere with an applicant's ability to compete in the selection process or an employee's ability to perform the duties of the job. If you would like us to consider any such accommodation, please notify us at the time of need.

THE VETERANS' EMPLOYMENT PREFERENCE ACT AND THE HANDICAPPED PERSONS' EMPLOYMENT PREFERENCE ACT provide preference in public employment for certain military veterans and handicapped persons or their eligible relatives. Contact your local Vocational Rehabilitation Services Office (Department of Social and Rehabilitation Services) for details on obtaining handicapped person's certification. Contact your local Veteran's Affairs Office (Department of Military Affairs) for details on obtaining veteran's preference certification. For more information, contact your local Job Service. If you are claiming either employment preference, you must complete the Employment Preference insert.

1.	Name _____ <div style="text-align: center;"><i>Last First MI</i></div>
2.	Social Security Number _____
3.	Address _____ <div style="text-align: center;"><i>Street</i></div> _____ <div style="text-align: center;"><i>City State Zip Code</i></div>
4.	Phone No. () _____ () _____ <div style="text-align: center;"><i>Work Home</i></div>
5.	E-mail address _____
6.	Do you have a valid Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO

*My signature below certifies that all information on this and all attached pages is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from considerations for employment, or if hired, may be grounds for termination at a later date. **EMPLOYERS MAY BE CONTACTED AS REFERENCES.***

SIGNATURE: _____ **DATE SIGNED:** _____

6. EDUCATION

A. High School Name: _____

C. Address of High School Awarding
Diploma or Equivalency Certificate:

B. Received:

☐ Diploma or Equivalency Certificate

☐ None - If "NONE", Highest Grade Completed _____

D. College or University Location of School	Dates Attended	Credit Hours Earned Sem. / Qtr.	Degrees Received (BA,MA,etc)	Date of Degree	Major Field	Minor Field
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E. Other Schools or Training

Which Helps You Qualify

Dates
Attended

Did You
Complete?

Title/Description of Course

Total
Hours

7. PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATES (EMT, GVW, Diver, POST, et c.)

Name and Complete Address
of Licensing Agency

Type of License

Endorsement/Restriction
(if Applicable)

Date
Licensed

8. SPECIAL SKILLS -- Check the skills you possess. Specify speed/errors where requested.

☐ Typing ____/____

☐ 10 Code

☐ Medical Terminology

☐ Accident Investigation

☐ Legal Terminology

☐ Photo Skills

☐ Computer Software _____

☐ Other (*List in Section #11 of this form*)

☐ Computer Languages (specify) _____

9. EQUIPMENT - List types of equipment you can operate and specify name or model you have used (Radio Equipment, Computer Equipment, Video Equipment, Alcohol Consumption Testing Equipment, etc.) *Continue in Section #11 if more space is needed.*

10. **EXPERIENCE:** Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work experience that would help you qualify. List each promotion as a separate position. You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each sheet write your name and job title for which you are applying. This information must be completed even if a resume' is submitted.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references. Do you want to be informed before we contact your present employer? ☐ YES ☐ NO

NAME & ADDRESS of Employer	_____	Type of Business _____
	_____	Dates Employed ____/____/____ to ____/____/____
	_____	Average Hrs. Per Week _____

Your Job Title _____ ☐ Full-time ☐ Part-time ☐ Volunteer

Immediate Supervisor(s) _____ Phone Number (____) _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: _____

NAME & ADDRESS of Employer	_____	Type of Business _____
	_____	Dates Employed ____/____/____ to ____/____/____
	_____	Average Hrs. Per Week _____

Your Job Title _____ ☐ Full-time ☐ Part-time ☐ Volunteer

Immediate Supervisor(s) _____ Phone Number (____) _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: _____

ADDITIONAL EMPLOYMENT EXPERIENCE

NAME & ADDRESS of Employer	_____	Type of Business _____
	_____	Dates Employed ____/____/____ to ____/____/____
	_____	Average Hrs. Per Week _____
Your Job Title _____		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
Immediate Supervisor(s) _____		Phone Number (____) _____
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)		

Reason for Leaving: _____		

NAME & ADDRESS of Employer	_____	Type of Business _____
	_____	Dates Employed ____/____/____ to ____/____/____
	_____	Average Hrs. Per Week _____
Your Job Title _____		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
Immediate Supervisor(s) _____		Phone Number (____) _____
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)		

Reason for Leaving: _____		

NAME & ADDRESS of Employer	_____	Type of Business _____
	_____	Dates Employed ____/____/____ to ____/____/____
	_____	Average Hrs. Per Week _____
Your Job Title _____		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
Immediate Supervisor(s) _____		Phone Number (____) _____
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)		

Reason for Leaving: _____		

11. CONTINUATION / EXPLANATIONS (refer to the item number being continued or explained)

[illegible]

12. LIST ANY CRIMINAL CONVICTIONS YOU HAVE HAD AS AN ADULT

Name _____ Social Security Number _____

Position Applied For _____

Job Title

Position No.

Department Name

To claim preference under the **Montana Veterans' Employment Preference Act** or the **Montana Handicapped Persons' Employment Preference Act**, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to provide the applicant employment preference. Applicants hired by the state will have this information placed in a separate confidential file.

1. Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection procedure is used. To claim **Veterans' Employment Preference** you must be a U. S. Citizen and (check one of the boxes below):

- ☐ **A Veteran**, if
1. You have been separated under honorable conditions, AND
 2. you have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
- ☐ **A Disabled Veteran**, if
1. you have been separated under honorable conditions from active duty, AND
 2. you have an established Armed Forces, service-connected disability OR are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, OR you have received a Purple Heart.
- ☐ **The spouse of a disabled veteran** if the veteran's disability prevents him/her from working.
- ☐ **The unremarried surviving spouse of a veteran or disabled veteran.**
- ☐ **The mother of a veteran**, if
1. THE VETERAN died under honorable conditions while serving in the Armed Forces, OR THE VETERAN has a service-connected, permanent, and total disability, AND
 2. YOUR SPOUSE is totally and permanently disabled, OR YOU are the unremarried widow of the father of the veteran.

2. To claim **Montana Handicapped Persons' Employment Preference** you must be (check one of the boxes below):

- ☐ **A person with a disability** certified by SRS, OR
- ☐ **The spouse** of a totally (100%) disabled person certified by SRS, AND
Resided continuously in Montana for at least 1 year immediately before applying for employment.

3. **In the box below, check the attachment you have included to document the preference request.**

- ☐ DD-214 ☐ SRS Certification ☐ Other _____
(Specify)

SIGNATURE _____

DATE SIGNED _____